

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90469 009 ***150.00

DOCUMENT # F85250

1. Entity Name
PERFORMANCE PAINTING, INC.



Principal Place of Business

1811 SW 51 ST.TERR.
PLANTATION, FL 33317

Mailing Address

1811 SW 51 ST.TERR.
PLANTATION, FL 33317

2. Principal Place of Business

2401 S. Oak Park Dr.
Suite, Apt. #, etc.

3. Mailing Address

2401 S. Oak Park Dr.
Suite, Apt. #, etc.

04252005

Chg-P

CR2E034 (10/03)



City & State

DeLand FL

City & State

DeLand FL

4. FEI Number

59-2201824

Applied For

Not Applicable

Zip

32724

Country

Yolusia

Zip

32724

Country

Yolusia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIANO, BARBARA
1811 SW 51 ST.TERR.
PLANTATION, FL 33317

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2401 S. Oak Park Dr.

City

DeLand

FL

Zip Code

32724

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | FIANO, DOUGLAS | |
| STREET ADDRESS | 1811 SW 51 ST.TERR. | |
| CITY-ST-ZIP | PLANTATION, FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | FIANO, BARBARA | |
| STREET ADDRESS | 1811 SW 51 ST.TERR. | |
| CITY-ST-ZIP | PLANTATION, FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | HESELTON, RICHARD | |
| STREET ADDRESS | 1811 SW 51ST TERRACE | |
| CITY-ST-ZIP | PLANTATION, FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 2401 S. Oak Park Dr. |
| CITY-ST-ZIP | DeLand FL 32724 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 2401 S. Oak Park Dr. |
| CITY-ST-ZIP | DeLand FL 32724 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 2401 S. Oak Park Dr. |
| CITY-ST-ZIP | DeLand FL 32724 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Fiano

4/25/05

(386) 943-9539